

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006083

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 355

FILED MAR 11 1963

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u>		c. CITY OR TOWN <u>Lebanon</u>	Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>930 N Franklin</u>		d. STREET ADDRESS (If outside, give location) <u>360 Frank St.</u>	Reside on Farm: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>Anna Isabelle Starnes</u>			4. DATE OF DEATH Month <u>March</u> Day <u>5</u> Year <u>1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/16/1884</u>	9. AGE (last birthday) <u>78</u>	10. IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Lebanon Mo. U. S. A.</u>		
11. BIRTHPLACE (City and state or country)			12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME <u>John Griffin</u>			13b. MOTHER'S MAIDEN NAME <u>Lou Barr</u>		
14. NAME OF HUSBAND OR WIFE <u>Clay Starnes</u>			15. ADDRESS <u>Mrs Pearl Davis Springfield Mo.</u>		
16. SOCIAL SECURITY NO. <u>No</u>			17. INFORMANT <u>Mrs Pearl Davis Springfield Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) <u>Cerebral Vascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic Vascular disease</u>		<u>Unknown</u>
DUE TO (c) <u>  </u>		<u>  </u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Congestive heart failure</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
--	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Springfield Greene Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Springfield</u>	20g. COUNTY <u>Greene</u>
20h. STATE <u>Mo.</u>		20i. DATE OF INJURY <u>Aug 19 '49</u>	
20j. I attended the deceased from <u>Aug 19 '49</u> to <u>Mar 3 '63</u> and last saw her alive on <u>Mar 3 '63</u>		20k. Death occurred at <u>1:45 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	

21. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>  </u>	22. ADDRESS <u>609 Cherry St.</u>	22c. DATE SIGNED <u>Mar 6 '63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/7/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	23d. LOCATION (City, town, or county) <u>Oakland Mo.</u>
24. FUNERAL DIRECTOR <u>Dorsey M. Howe</u>	ADDRESS <u>Lebanon Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-7-63</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Merton</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/596397  
8535

3

4 15 1

6

7 08 09331X

10

11

1290-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Dorsey M. Howe*

Licensed Embalmer No. 4222

P. O. Address Lebanon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Form 3-5-63